

For Office Use Only

**SPOUSE OF ACTIVE MILITARY MEMBER ONLY**

**KANSAS STATE BOARD OF NURSING**  
Landon State Office Building  
900 SW Jackson, Ste 1051  
Topeka, KS 66612-1230

**LICENSE RENEWAL APPLICATION**

**NOTE:** If you are wanting to change from a single state license to multistate at the time of your license renewal, you need to complete the **NLC Conversion Application**, not this renewal application.

Please write **LICENSE NUMBER** in blank and **CHECK** all that apply

**RENEW ACTIVE LICENSES:**  
(Example: RN: 13-12345-678) NO FEE REQUIRED

LPN: \_\_\_\_\_  
RN: \_\_\_\_\_  
LMHT: \_\_\_\_\_  
NP: \_\_\_\_\_  
CNS: \_\_\_\_\_  
NMW: \_\_\_\_\_  
RNA: \_\_\_\_\_

**Exempt license:**  
LPN Exempt: \_\_\_\_\_  
RN Exempt: \_\_\_\_\_  
LMHT Exempt: \_\_\_\_\_  
NP/CNS/NMW/RNA Exempt: \_\_\_\_\_

**Inactive License:**  
LPN Inactive: \_\_\_\_\_  
RN Inactive: \_\_\_\_\_  
LMHT Inactive: \_\_\_\_\_  
NP,CNS, NMW, RNA Inactive: \_\_\_\_\_

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You must enclose the following documentation in addition to this application:

1. Copy of Military ID (Front and Back)
2. Copy of Drivers License (Kansas DL is required for Multistate Status)
3. Copy of Military Orders
4. Copy of Marriage certificate to Active Military Member

**\*\*\*APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Previous Name (s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                                      State                                      Zip Code

1. Date of Birth (MM) \_\_\_\_ (DD) \_\_\_\_ (YYYY) \_\_\_\_\_

2. Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Your social security number is required pursuant to 42 U.S.C.s 666(a), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

3. Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_  
(optional)

**Misdemeanor/Felony/Disciplinary Information:**

If you answer "yes" to any misdemeanor/felony/disciplinary question(s) on this application, required documentation must be received by the KSBN or your application will be considered incomplete and cannot be processed by the KSBN. If you have questions about the conviction or disciplinary action requirements, please contact the KSBN Legal department at (785) 296-4325.

Review the information about legal information needed for an explanation about the documentation that needs to be submitted if you answer "yes" to any of the following misdemeanor/felony/disciplinary questions.

4. Since your last application, have you been convicted of a felony?  Yes  No
5. Since your last application, have you been convicted of a misdemeanor?  Yes  No
6. Since your last application, do you have any pending criminal case against you for a felony offense or a misdemeanor offense?  Yes  No
7. Do you presently have any physical or mental problems or disabilities or abuse of drugs or alcohol that could affect your ability to practice nursing competently and safely?  Yes  No
8. Since your last application, have you had a license to practice nursing denied, revoked, limited, or suspended, or publicly or privately censured by a licensing authority?  Yes  No
9. Since your last application, have you had disciplinary action taken against you by a professional licensing authority?  Yes  No
10. Are you registered, certified, or licensed in any other profession?  Yes  No  
If yes, list profession(s) \_\_\_\_\_
11. Since your last application, have you voluntarily surrendered any professional license while an investigation or discipline case was pending?  Yes  No
12. Since your last application, have you allowed any professional license to expire while an investigation or discipline was pending?  Yes  No.
13. Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority?  Yes  No

14. Please select one:

**Inactive**

If you wish to have your license placed on "Inactive" status, please place a check mark next to "INACTIVE". Complete questions 1 – 9, sign and date this application and return with the appropriate fee. Continuing education hours are not required for "Inactive" status.

**Exempt (Must complete page 3)**

If you wish to have an exempt license (not regularly engaged in nursing practice in Kansas, but volunteer nursing service or are a charitable health care provider as defined by K.S.A. 75-6102), place a check mark next to "Exempt". Continuing education hours are not required for "Exempt" status. A copy of your contract with KDHE is required to establish your status as a charitable health care provider.

**First Renewal Following Examination**

If you passed the NCLEX examination **less than 30 months prior to the expiration of your license** place a check mark next to "First Renewal". Continuing education hours are not required for "First Renewal" status.

**Endorsement or Reinstatement less than 9 months prior to license expiration**

If you received your license in Kansas through endorsement or reinstatement less than 9 months prior to the license expiration date, place a check mark next to "Endorsement or Reinstatement". Continuing education hours are not required for "Endorsement/Reinstatement" status. If you have questions about whether you need CNE or the date of issue of your license, please contact KSBN.

**Renewal –Continuing Nursing Education Required**

Mandatory Continuing Nursing Education you must complete at least 30 contact hours of continuing nursing education approved by a state board of nursing or national nursing organization. CNE that has not been approved for nursing (such as college courses) must be submitted prior to renewal using the Individual Offering Approval form. If selected for an audit of CNE hours, notification will be received by mail and you will be given 21 days to submit copies of CNE to the Board office. DO NOT mail copies of CNE certificates with your renewal.

**Please read carefully and answer the following Continuing Education (CNE) question. If you do not have the 30 hours of CNE as required in K.S.A. 65-1117 do not renew until you have the required hours.**

14. Have you obtained 30 hours of **preapproved** CNE for re-licensure as required by KSA 65-1117? Yes  No
15. List states (other than Kansas), territories, or countries in which you have ever been licensed (active and expired) and the type of Nursing license you held (LPN, RN, NP, CNS, NMW, RNA). (If additional pages are needed, sign and date each attached page.)

Not applicable (Never permanently licensed in another state.)

\_\_\_\_\_  
State/Type License # Date of original issue

\_\_\_\_\_  
State/Type License # Date of original issue

\_\_\_\_\_  
State/Type License # Date of original issue

\_\_\_\_\_  
State/Type License # Date of original issue

\_\_\_\_\_  
State/Type License # Date of original issue

\_\_\_\_\_  
State/Type License # Date of original issue

16. Are you a military spouse or a transition service member of the United State armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. **IF YOU ARE RENEWING AN APRN LICENSE- An APRN shall maintain malpractice insurance coverage as a condition of rendering professional clinical services as an APRN in Kansas.** This shall not apply to an APRN who:

- Practices solely in employment for which the APRN is covered under the federal tort claims act or the Kansas tort claims act
- Practices solely as a charitable healthcare provider under K.S.A. 75-6102 and amendments
- Is serving on active duty in the armed forces of the United States

**IF YOU DO NOT MEET ANY OF THE THREE ABOVE CRITERIA AND ARE RENEWING AN APRN LICENSE PLEASE ANSWER THE FOLLOWING QUESTIONS:**

18. Please list the policy number of your malpractice insurance: \_\_\_\_\_

19. List the name of the insurance company: \_\_\_\_\_

Interested in volunteering your skills in a disaster or other emergency? Register on K-SERV, a new data base designed to improve volunteer management during disasters. Go to <https://kshealth.kdhe.state.ks.us> and select "login or register for K-SERV."

**I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature**  
(DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

**COMPLETE ONLY IF YOU ARE APPLYING FOR EXEMPT STATUS**

**Exempt Status: (You must answer yes to one of the following)**

A. Are you providing, or do you intend to provide, volunteer nursing or mental health technology services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information for each business, organization or individual for whom you will volunteer:

Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number

B. Are you a charitable health care provider as defined by K.S.A. 75-6102? Yes \_\_\_\_ No \_\_\_\_

**If you are a charitable health care provider, attach a copy of your agreement with the Secretary of Kansas Department of Health and Environment acknowledging your status as a charitable health care provider under K.S.A. 75-6102 and amendments thereof.**

Please provide name, address and phone number where you are providing charitable health care:

Business Name	Address	Contact Name	Contact phone number
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I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**